



TOWNSHIP OF RIVERSIDE
PO BOX 188
RIVERSIDE, NJ 08075
TEL: 856-461-1460
FAX: 856-461-3260
www.riversidetwp.org

APPLICATION FOR RESALE

DATE: _____

FEE: \$100 per unit

PROPERTY ADDRESS: _____

BLOCK: _____

LOT: _____

UNIT NUMBER: _____

PROPOSED USE BY BUYER: OWNER OCCUPY RENTAL RENOVATE TO SELL

PHYSICAL NAME OF POTENTIAL BUYER: _____

NAME OF APPLICANT: _____

APPLICANT MAILING ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

REALTOR NAME: _____

COMPANY NAME: _____

REALTOR CONTACT: _____

EMAIL ADDRESS: _____

PLEASE BE ADVISED THAT ALL RESALE INSPECTIONS MUST OBTAIN A CERTIFICATE OF OCCUPANCY BEFORE SETTLEMENT IN ORDER TO OCCUPY THE PROPERTY.
CONTACT ACOSELLO@RIVERSIDETWP.ORG FOR ADDITIONAL INFORMATION.

ALSO BE ADVISED THAT ALL RENTAL AND VACANT PROPERTIES MUST BE REGISTERED.
CONTACT JRANSBURGH@RIVERSIDETWP.ORG FOR PROPERTY REGISTRATIONS.

OFFICIAL USE ONLY

Date of Inspection: _____

Time of Inspection: _____

Inspection No: _____